

FHCP Agent / Broker Appointment Application

To Be Completed by FHCP:

Approved: Yes No Authorized Signature: _____ Date: _____

All below information must be completed for the approval of your application.

Agent Information

Name: _____ Social Security No: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Email Address: _____ NPN: _____

Are you appointed with Florida Blue? (BCBSFL): Yes No

What is your FL Blue Agent of Record (AOR) Number? _____

What is your SalesConnect / SellPoint Agent ID? _____

Agency (Broker) Information

Name of Employer / Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone No: _____

Federal Tax ID (EIN): _____ Broker License No: _____

Is your agency appointed with Florida Blue? (BCBSFL): Yes No

What is your Agency's FL BCBS Rating? (Standard, Preferred, Diamond): _____

What is the effective date of your Agency's FL BCBS Rating? _____

What is your FL Blue Broker of Record (BOR) Number? _____

What is your Agency's SalesConnect / SellPoint Broker ID? _____

Does your Agency qualify as MAA, CGA, or Other? MAA CGA Other: _____

What insurance licenses do you hold? (2-40, 2-15, etc.): _____

Who is your Agency's GA? _____

(In the case it is a larger GA with multiple offices, please specify which location your Agency is partnered with.)

What lines of business will you sell? IU65 Medicare Group

Have you ever pled guilty or nolo contendere to or been found guilty of a felony or a crime involving moral turpitude? Yes-enclose complete information No

I hereby certify that the above information is accurate and correct.

I have enclosed a copy of my License, Errors & Omissions Coverage, W-9 and Agent / Broker Agreements.

Signature: _____ Date: _____